Title: ACCOUNTABILITY IN THE HEALTH SYSTEM OF TAMILNADU, INDIA: EXPLORING ITS MULTIPLE MEANINGS

Authors:

Rakhal Gaitonde (rakhal.gaitonde@epiph.umu.se; rakhal.gaitonde@gmail.com)

Muraleedharan V R (vrm@iitm.ac.in)

Miguel San Sebastian (miguel.san.sebastian@umu.se)

Anna-Karin Hurtig (Anna-Karin.Hurtig@umu.se)

Version: 1 Date: 20 Mar 2019

Author’s response to reviews:

RESPONSE TO REVIEWERS COMMENTS

HRPS-D-18-00175

ACCOUNTABILITY IN THE HEALTH SYSTEM OF TAMILNADU, INDIA: EXPLORING ITS MULTIPLE MEANINGS

Rakhal Gaitonde; Muraleedharan V R; Miguel San Sebastian; Anna-Karin Hurtig

Health Research Policy and Systems

Reviewers’ comment are numbered sequentially

Author responses follow in separate para following each comment by reviewer

Excerpts from manuscripts or details regarding changes with page and line number provided by authors in updated text

Note on Numbering: Despite all our efforts we were not able to reproduce the numbering that was generated by the journal editorial website which converted our submission into the pdf sent for reviews. Therefore in our responses the numbers may not coincide with what the reviewers have noted. However we now provide references to corrections etc., as per the numbers on the revised text in track changes which we are submitting with this note. Thus the comments by the reviewer next to the number of the comments have the numbers of the computer generated pdf of
the original submission, while our responses refer to the numbering of the updated text with track changes. We apologise for this.

We thank the reviewers for their detailed and engaged review of the manuscript. We have accepted most of the suggestions, made changes and tried to clarify where clarification was sought, and have in a few places explained why we would like to retain the original text, with necessary additional text to make the intent more clear.

Reviewer reports:

Reviewer #1: This paper addresses an important topic (government initiated social accountability for health) and is fairly straight forward and organized. The paper is a robust discussion of an interesting (at least I think so) topic.

I have suggested minor revisions, and suggest that the authors strengthen the discussion in particular around the efficiency frame. Most of my comments relate to the discussion and the conclusion.

Response: Thanks very much for your detailed review. We are very happy that you find our paper robust and interesting. We provide below detailed responses to each of your suggestions.

The line by line edits and questions are below:

1. Abstract, background: "Research on policy implementation has called for a policy analysts..." You can delete "a."

Response: This has been deleted.

Pg2 line 6 now reads as follows:

“Research on policy implementation has called for policy analysts to go beyond the superficial articulation...”

2. Background: The para beginning "A number of studies have also shown..." could benefit from a concluding sentence.

Response: We have added a sentence at the end summarising the main point of the paragraph.

Pg 5 lines 7-8 now contain the new sentence added:
This underlines both the uniqueness and importance of accountability initiatives in the health sector.

3. Background: I think the para beginning "In India, the NRHM" could be a bit more specific. What "health systems entitlements" are at issue? You go on to say that the NRHM included a mandate to the various state governments to include civil society organizations in the implementation of "the various components listed above." How is this different from community-based monitoring? Or, do you mean that civil society should be involved in the implementation of ALL elements of NRHM, including community-based monitoring? The next para refers to the fact that the "NRHM also called for the increased involvement of civil society in the implementation of the various programmes." I am confused... it seems you made this same point in the previous paragraph?

Response: We have modified the referred to paragraph and the next in two places, as detailed below. Further we have deleted the first sentence of the next para which is repetitive.

Pg 6 lines 5 to 7 now read:

They did so by mandating greater community participation and community-based monitoring of services that were guaranteed at public health institutions.

Pg 6 lines 7 to 9 now read:

In addition, there was a mandate to the various state governments to involve NGOs in the implementation of the various programs of the NRHM[16].

Pg 6 lines 16 to 18 (shown in tracks) are now deleted to avoid repetition

4. Background: "This calls for more accountability is further emerging in parallel with institutional transitions in public systems that have changed traditional relationships between states and citizens in complex ways as well as the capacity of the state to respond." Since you raise this point later in the paper, I think it would be helpful to say more here. Why do you think this is relevant to Tamil Nadu?

Response: We have addressed this by adding a sentence clarifying this point which one finds on

Pg 6 lines 21 and 22

Pg 6 lines 21 and 22 now read:

This is especially important to study in states like Tamil Nadu, whose public systems, including the public health system, are considered as among the best performers in the country.
5. The next sentence reads, "furthermore, the patchy nature of the implementation of the concept points to a possibility..." What concept? Accountability?

Response: Yes, we are referring to accountability. We have replaced the undefined word “concepts”.

Pg 6 lines 22-23 now read:

“Furthermore, the patchy nature of implementation of accountability initiatives points to a possibility of different stakeholders holding quite different meanings [20].”

6. Methodology, the research setting: 'In terms of a health system like the rest of India.” This is an awkward phrasing. It is a bit hard to understand.

Response: We have modified the sentence referred to clarify the meaning.

Pg 7 line 14 now reads:

Similar to the structure in the rest of India, Tamilnadu has a multi-tiered set-up with a health sub-centre....

7. Methodology, the research setting: "Tamilnadu is the only state in India that has not only..." This sentence is a fragment. It too is hard to understand.

Response: We have broken up the sentence in order to make the point clear.

Pg 7 lines 18-22 now read:

Tamilnadu is the only state in India that has a separate department for public health in charge of the primary care level. This department is further unique in being staffed by doctors trained in public health, unlike the rest of the country where public health training is not mandatory for officers looking after the public health functions.

8. In the next para (lines 40 to 50 on page 7), you refer to "different contexts." I am not sure what different contexts you are referring to.

Response: We have clarified what we mean by modifying the sentence being referred to.

Pg 8 line 4 to 6
While the NRHM created the same imperative for accountability for the whole country, it is important to study how this played out in the unique context of the Tamilnadu health system.

9. Methodology, the research setting, page 8: "This research attempts to uncover their underlying beliefs and meanings on accountability." I think you should substitute "regarding" for "on." This would be more clear.

Response: This has been done.

Pg 8 line 12

This research attempts to uncover the underlying beliefs and meanings regarding accountability as they are reflected in the emergent policy and programme design of CAH at the state level”.

10. Methodology, the conceptual framework, page 8 first para. The last sentence of the first para is not clear to me. What do you mean by the causal model? The causal model for how accountability is realized? I think just breaking the last sentence into two sentences would make it more clear to your reader.

Response: We have modified the sentences referred to enhance clarity.

Pg 8 line 21 to 25

The emergent narratives were further analysed along the following sets of dimensions. The first set proposed by Bevan includes “who is accountable to whom, for what, by which standards and why?” [11]. The second set defined by van Belle et al as the causal model refers to the processes and instruments, the contextual conditions and expected outcomes” [7].

11. Methodology, choice of research participants: The number of interviewees is pretty small. I think you should acknowledge this limitation and explain why you still feel your data are adequate.

Response: The main intention of this paper is to highlight the presence of and attempt to delineate the presence of three distinct perspectives on accountability present among the key actors of the implementation of the CAH program. The attempt was not to define the composition of the groups exhaustively. We achieved saturation in this aspect quickly with most interviewees identifying the same patterns. Hence the decision was taken to stop the interviews. I will add a few lines regarding this in the limitations section. The limitations section can now be found on pg 27 lines 8 – 21.
12. Methodology, choice of research participants: You provide the length of experience of the interviewees. Why do you think this is relevant? You might explain briefly.

Response: The main idea was to give a sense of their appreciation of the historical changes that have occurred in the department over time. I will clarify this in the methods section by adding a sentence – the added sentence is found as indicated below.

Pg 9 line 22 to 24 now reads:

Thus they all had experienced the various changes in the health system that are being referred to, and some were able to contribute a longer historical perspective of change.

13. Methodology, data collection: I was a little confused as to why your interview guides did not focus on policy or policy implementation, when you wanted to illustrate how policies are interpreted and re-interpreted at different levels of the health system. Can you justify the area of focus you had for the IDIs a bit more? Eg "We included these areas because we sought to..."

Response: The data collection was done to tap the deeper understanding of accountability. Thus rather than directly ask questions we explore these issues through the examples they gave. Thus as Bacchi points out – “the solution chosen reflects what the policy maker thinks about the problem”. This approach is explained in the earlier section of the conceptual framework. We have added a line as indicated below to clarify this.

Pg 10 line 12 to 14 now reads:

We included these particular areas for exploration in order to tap into the deeper level understandings of accountability, by engaging with the examples they gave rather than the answers to direct questions.

14. Methodology, data analysis, page 10 para 2: the slashes are distracting to the reader. I would try to rephrase where you have meaning/assumptions, programme/design etc.

Response: We have done this and the rephrased sentence is given below.

Pg 11 lines 9 to 11 now reads:

This involves the identification of the specific meaning being invoked by the participant that allow her / him to portray that particular feature of the programme as exemplifying a high level of accountability.
15. Results, page 12 lines 35-38. This sentence is cryptic. Can you saw more? Provide an example or just expand your point by one sentence?

Response: We have modified the sentence to clarify. It now reads as follows.

Pg 13 lines 10 to 12 now reads:

Further, it was assumed that the mere consumption of services was adequate for the achievement of health. The importance of the social determinants and other contextual factors contributing to health were not emphasized.

16. Results, page 13: it seems that some of your interviewees also doubted the legitimacy of NGOs, which is a somewhat separate point. Did you find this in the data? Do you think it is worth mentioning?

Response: Yes this is true, we have added this as a sentence at the end of the paragraph referred to.

Pg 14 lines 13 to 15 now reads:

Further, some of the interviewees even questioned the legitimacy of NGOs to implement these programs despite the NRHM guidelines.

17. Results, page 13, lines 47-57: I don't think the quote you use on page 14, lines 1-5 justifies these statements. Your quote doesn't relate to motivation, or the causes of withdrawals from the subcentre. If you have more in your data to buttress your point, you can add quotes or summarize the data.

Response: We have added some sentences following the quote to clarify this issue.

Pg 15 line 6 to 9 now reads:

This participant essentially made the point that the reasons for the lack of services were systemic, and many a time out of control of the public health department. Thus, it would not be appropriate for the communities to hold frontline health workers responsible for the gaps under these circumstances.

18. Accountability as efficiency. I am curious as to why you chose the concept of efficiency... what you describe seems to me to be more about effectiveness, i.e. achieving the best results. For example, the fist quote - "let us ask people what is the need..." and the second quote,
"See we have to have..." don't seem to me to be about efficiency, but about accountability for achieving the priorities identified by the community.

Response: We submit that the sense of the perspective can only be got by reading all the quotes together and not separately. The issue is that while the opinion of the people is sought there is no acknowledgement of fund crunches, nor is there a genuine democratization envisaged as communities are merely expected to “understand the perspective of the health system”. We have used the concept of “efficiency” because in our reading, the idea is to achieve the targets of the health system regardless of the fund crunches and the interference referred to by the earlier (targets) group. This group sees community participation merely as a way of achieving this despite constraints – thus referring to efficiency rather than effectiveness.

19. Accountability as efficiency, page 15, lines 27-30: "This perspective acknowledged a gap between the community and the system but attributed it to the inability of the community to make full use of the programmes." It would be good to justify this statement. Also, of course I haven't seen your data, but it seems to me to be at odds with the other elements of this framing. I might expect that this perspective would attribute the gap between the community and the health system to poor implementation of NRHM?

Response: The data does point to this interpretation. But it needs to be understood in the sense that – it is not as though the system implementation is not at fault, but that the training for the community is from a perspective of making them more fully aware of and capable of using the programmes. And more importantly, the onus seems to be on the community rather than greater effort from within the system for system strengthening. This is mentioned in the next paragraph.

Pg 16 lines 18 to 21 now read as below:

This perspective acknowledged a gap between the community and the system but seems to put the onus of change on the community to make full use of the programmes by demanding improved implementation. Further it remains silent about the ways in which the system itself could be strengthened from within.

20. Accountability as efficiency, page 15, lines 55-60: to me, this quote doesn't fit, or it needs more context. It could just as easily be used to butres the "accountability as transformation" perspective too, right?

Response: One of the key reasons for the choice of this quote is the patronizing way in which the system sees the community - “its needing to move up”... thus the “equality” being talked about is qualified by considering the community “less” to start with. This is quite at variance with the
‘Transformation’ perspective where the community is seen as being equal and capable, and the onus being on the department or public health system to understand and work with them.

21. Discussion, page 21: you have many "it has been pointed out." You might change this to a more active voice or change your wording in a few places.

Response: Agreed and modified.

Pg 22 lines 24-25 and Pg 23 lines 1 to 3 now read as below:

This is leading to an increasing fragmentation of the production, provision, financing and governing of these services. In such circumstances the lines of accountability and the ability to ascribe responsibility are becoming increasingly complex. Further under such circumstances, traditional forms and notions of accountability are inadequate to the task of dealing with this complexity [21].

22. Discussion, page 22, first para: this paragraph is a lot of quotes put together. I think you might offer more synthesis and analysis and reduce the number of direct quotes. This might lead you to a stronger, more concise concluding sentence.

Response: The paragraph has been modified as suggested with a summarizing sentence added and quotes reduced. The modified version is presented below.

Pg 23 lines 14 to 25 and Pg 24 line 1:

This obviously had significant impact on the way the concept of accountability was translated into programs and practices and how it was interpreted in the various institutions of government. Studies of accountability in health systems in India point out for example that that the poor are more often seen as supplicants rather than rights holders[8], and their marginalized status obstructs their ability to make claims in the first place [8,31]. Systemically research points out that accountability of peripheral health workers is more towards their superiors (in highly hierarchical health systems) rather than to the needs of the people they serve [29], and that hierarchical structures mean that accountability processes invariably seek a scape goat rather than systemic change [30]. This illustrates the way in which historic, structural and social aspects of institutions in a particular setting play a key role in the way accountability initiatives are implemented and experienced.
23. Discussion, page 23, first para: This para seems to be about informal privatization, where as the discussion in the efficiency section seemed to me to be about making the system work better, rather than foisting state responsibility onto the community.

Response: But as explained earlier in clarification re efficiency perspective – the fact that the onus on system strengthening was on ‘communities moving up’ as it were rather than the system make any major change in its functioning – apart from closing a few gaps is what is being emphasised. The point is that there is no major structural change being envisaged – all that is required from the system it is seems is more ‘efficiency’ while all the change is expected from the community side.

Pg 24 lines 15 to 20 now read:

The ‘Efficiency’ perspective could be placed within the ‘New Public Management’ framework of governance, in which systems are still expert-driven in terms of content and prioritization, and states increasingly constrained. In this perspective, public systems draw on resources from communities, civil society and markets for the provision of services. Both these can be contrasted to the ‘Transformative’ perspective, which may be termed more radical and transgressive [10]

24. Discussion, page 23, para 2: Since Murthy and Klugman were not part of your hypothesis, I don't think you need them here. Or, you can keep them and integrate them a bit more into the analysis. I also don't understand the how it fits exactly; the quote on the higher degree of accountability doesn't seem to describe "accountability as transformation" to me. It seems to describe "accountability as effectiveness."

Response: The main reason to refer to Murthy and Klugman is to highlight that there are other frameworks that have come up with similar findings.

The reason this quote is chosen is that it points to the need for accountability to include policy makers in addition to front line health workers. When this happens the onus of change is with those in power. This perspective is unlike the other two perspectives where as clarified earlier the onus of change is on the community (Efficiency) or purely on the system (Targets) please see points number 23 and 20 above.

25. The quotes you have in the accountability as results section are all from NGOs, correct? You might address this in the discussion.

Response: We presume you mean “accountability as transformation”. The main focus of the research has been to use the interviews to define the existence of three distinct perspectives
rather than to attribute this to one or another group. Hence we have refrained from commenting particularly on the seeming distribution of the quotes.

26. Discussion, page 23 para 3, "eroding the health system's capacity in providing services and its overall autonomy in planning." Again, this did not come through strongly for me in the results section.

27. Discussion, page 24, para 1: you state that "all these dimensions of accountability are crucial." I don't quite understand this. Couldn't you have a program where all stakeholders agree the accountability at issue falls under one frame?

Response: The issue here is not only that “all the dimensions are crucial”...according to the reference [7] – one way of looking at it is precisely this way – however we want to draw attention to the “underlying perspectives” and deeper belief structures that underlie this difference.

Pg 26 lines 5 to 9 now read:

Thus the issue at hand is not that these are conflicting frames of accountability but that they are all focusing on different dimensions. Theoretically, all these dimensions of accountability are crucial for any comprehensive conceptualization or programmatic formulation of accountability or community-based accountability. But their existence points to deeper underlying beliefs that need to be explored.

28. Discussion, page 24, last para: you mention that the three perspectives...clearly demonstrate that there are deep differences among the perspectives.." Were there discrepancies within transcripts, or were people coherent within an interview?

Response: As mentioned in the clarification regarding the quotes being exclusively from NGOs – the main attempt here was to delineate the different ways of thinking about accountability, rather than necessarily to define the groups. In fact most of the participants defined, gave examples of and discussed the different perspectives

29. Discussion, last sentence: Training, monitoring and the role of an external agency seem to be a very narrow frame on what you just discussed, such as what accountability should be. If you meant the sentence as an example for the idea that there is reinterpretation at each level, then you might add a more general concluding sentence.
Response: We have modified the sentence to clarify this.

Pg 27 lines 3 to 6 now read:

This is highlighted by the differing views of the people espousing the different frames on various design aspects of any accountability programme including, training, monitoring and the role of an external agency.

30. Conclusions: the first sentence of this section appears to be a sentence fragment.

Response: This has been modified to make it clear.

Pg 28 lines 1 to 9 now read:

The finding of three distinct perspectives emphasizing, the achievement of institutional targets (Accountability as Targets), of increasing the efficiency of services with community / civil society inputs (Accountability as Efficiency), and of radically altering power differentials between the system and community (Accountability as Transformation), gains particular significance in the context of increasing calls for accountability of government and public systems in developing country settings. Here the production and delivery of these services are increasingly moving from public to private players. As discussed above, the relationship of public systems to those they serve, especially the marginalized communities, take on particular forms in post-colonial settings.

31. You attribute the opening up of spaces to pressure from the IFIs. What about the demands of Indian activists or the diffusion of human rights norms? Or, do you see this all as part and parcel of neoliberalism?

Response: The sentence is about “opening up of spaces for emergence of newer modes of engagement” and not “opening up of spaces” per se. Our contention is that while the spaces for discussion were opened up by external pressure, what form that took of course would have been due to more indigenous pressures – but the interviews did not explore that aspect.

32. Page 26, para 1. The last sentence has two periods.

Response: This has been corrected.

Pg 29 line 4
...using newer ideas that are open and transparent and that go beyond the purely hierarchical and top-down mode of dealing with policy change.

Reviewer #2: Overall this is a worthy paper about the ways that policymakers' perspectives on accountability can shape the implementation of policy. It has interesting findings that are well paced both contextually and within the wider literature. My main concerns are about language and comprehension and I have made suggestions below for ways to tackle this.

Response: Thanks very much for your encouraging comments. We have tried to take care of all your concerns regarding language and comprehension.

Abstract

1. P2 line 13 – remove ‘a’
Response: Corrected
Pg 2 line 6 now reads:
“Research on policy implementation has called for policy analysts to go beyond the superficial articulation...”

2. P2 line 16-18 – remove ‘in addition’
Response: Corrected
Pg 2 line 7 and 8 now reads:
“...a particular policy intervention to study the underlying meaning this has for policy makers and other actors of the implementation...”

Background

This was a good literature review but could be written more coherently. For example, P4 second and third paragraph – tighten the argument here if you can – it feels a bit like a list at the moment rather than an integrated account of the important ideas that sit behind your study. How do these
approaches fit with your aims? Show the reader why you’ve included them in this paper. I also wonder if this section could be strengthened by reference to the implementation literature.

Response: Thanks very much for your appreciation. Since the focus of this paper is primarily on accountability and the way it is conceptualized we decided not to include the references to the implementation literature in the background. For the other suggestions we have modified the text as follows:

Pg 4 lines 10 to 22 now reads:

Given varying approaches in practice, it seems to make sense to work towards increased clarity during implementation by answering more specific questions regarding either the content of the concept like - who is accountable to whom, for what, by which standards and why? [11]. In addition to these, van Belle has suggested one more dimension – the causal model, which refers to the “processes and instruments, the contextual conditions and expected outcomes” of processes related to accountability [7]. In another approach, public health accountability has been described as being used to describe at least four dimensions – as a strategy to ensure the quality of care, as part of community participation, as part global health policy in order to improve ‘donor accountability’ and as framed in ethics and human rights perspectives [7]. These various approaches highlight not only the complexity of the concept but also points to some attempts at increasing clarity in use.

4. P4 line 6 - ‘or’ not ‘and’

Response: Corrected

Pg 4 line 3 now reads:

“...either vertical (external mechanisms primarily involving citizens and communities) or horizontal...”

5. P4 line 18 – don’t use ‘more’ twice

Response: Corrected

Pg 4 line 7 and 8

“Recent conceptualizations have tended to be more community based compared to the older forms centred in bureaucracies.”
6. P5 line 45 – ‘architectural’? Do you mean ‘structural’?

Response: These are the exact words used in the mission document, so I am inserting quotations to avoid confusion.

Pg 5 line 23 now reads:

“..this mission set out to bring about an “architectural correction” of the health-care system to ensure that all have access to health care [16].”

Methods

The methodology has a solid rationale - a sound and well-supported approach for this study - but it is a little light on the number of interviewees given the grounded nature of the inquiry so this should be mentioned, possibly when outlining weaknesses in the discussion.

Response: The main intention of this paper is to highlight the presence of and attempt to delineate the presence of three distinct perspectives on accountability present among the key actors of the implementation of the CAH program. The attempt was not to define the composition of the groups exhaustively. We achieved saturation in this aspect quickly with most interviewees identifying the same patterns. Hence the decision was taken to stop the interviews. I will add a few lines regarding this in the limitations section.


Response: This has been modified to make it clearer.

Pg 7 lines 18-22 now read:

Tamilnadu is the only state in India that has a separate department for public health in charge of the primary care level. This department is further unique in being staffed by doctors trained in public health, unlike the rest of the country where public health training is not mandatory for officers looking after the public health functions.

Pg 8 lines 2 to 4 now read:

The involvement of civil society groups as co-developers and implementers of the programme was due to the space created for the NGOs by the NRHM.

8. P8 line 1 – should be ‘about accountability’ not ‘on accountability’
This research attempts to uncover the underlying beliefs and meanings regarding accountability as they are...

9. P8 line 28 – where does this quote start?
Response: This sentence and the earlier have been modified to increase clarity.

Pg 8 line 21 to 25
The emergent narratives will be further analysed along the following sets of dimensions. The first set proposed by Bevan includes “who is accountable to whom, for what, by which standards and why?” [11]. The second set defined by van Belle et al as the causal model refers to the processes and instruments, the contextual conditions and expected outcomes” [7].

10. P8 line 37-42 (second sentence in Study Design) – confusing, please rephrase
Response: We have modified the sentence to increase clarity.

Pg 9 lines 5 to 7
We see this as a key level at which reinterpretation and rearticulation of any policy coming from the central government occurs. This reinterpretation brings to the policy the specificities of the state context.

11. P9 recruitment – so you used purposive sampling, but I’m not clear on how these 9 interviewees in particular were selected. Were these ALL the people who were involved at the implementation (at a policy level) of NRHM? If not, why these ones? Did you invite others who declined?
Response: There were a very small number of officers who were directly involved in the implementation of the project and who would thus have insight into the issue. A list was made of all of them prioritising those who would have the most insight based on direct involvement. As mentioned in the reply earlier we decided that we had reached saturation with regard to the delineation of the types of accountability perspective. Moreover any more disclosure on the way the interviewees were chosen would compromise on anonymization given the small numbers involved. I have inserted a limitations paragraph on pg 27 lines 8-21 that clarifies these points.
12. P10 line 16. The term ‘emerged’ is problematic in much qualitative research as it implies some mystical process at work. Better to be more descriptive and say “were identified”. Similarly on P11 line 30.

Response: Agreed, we have replaced “emerged” with “were identified”.

Pg 10 line 23 to 25 now reads:

…a set of key categories describing various aspects of the definition of accountability and highlighting various aspects of programmes were identified.

Pg 12 line 8 to 9 now reads:

Based on the analysis of the interviews, the following three perspectives on accountability were identified.

13. P10 line 37-52 – should be past tense?

Response: Yes, this have been modified.

Pg 11 lines 9 to 14 now read:

This involves the identification of the specific meaning being invoked by the participant that allow her / him to portray that particular feature of the programme as exemplifying a high level of accountability. In other words by studying the proposed intervention we were able to discern how the issue was being thought about [26]

14. P11 line 20-21 – why anonymise transcripts when only the researchers were seeing them?

Response: This was more in terms of safety during storage, once the analysis was done. Especially given the sensitivity of the need for anonymisation in the context of the health system of Tamilnadu.

Results

The findings are interesting and useful but more could be done to present them so they are accessible and clear. Please consider the following points:
15. You should probably state upfront that you conceptualise the three categories as positions on a spectrum so that when you mention a spectrum later it doesn’t come out of the blue.

Response: The study does try to present these three positions as three distinct perspectives. While the three positions seem distinct to us, the individual components like accountability, or the way a citizen is seen etc., may be viewed as being on a spectrum. Further while one person may hold or be able to identify multiple positions. In terms of what is actually implemented these are quite distinct groups of responses or design features.

16. What proportion of the interviewees subscribed to each perspective? Would you say that each person held a single perspective or that some held two or three, or moved between them all? If they are indeed on a continuum, perhaps it’s more flexible than subscribing to a discrete perspective? It would be helpful to see these issues addressed in the results or discussion.

Response: As mentioned earlier, the main idea was the identification of at least three distinct perspectives on accountability by those involved in the implementation. Some of those identified more than one perspective and in fact pointed them out. But all did not. Thus we have refrained from drawing conclusions as to the composition or the extent of support of the groups – but merely to defining the three perspectives.

17. Please explain more clearly the difference in views about training between the Target and Efficiency perspectives.

Response: The differences of the three perspectives are not based on individual differences in each of the dimensions highlighted – but are discerned only on reading across all the dimensions. While targets merely see training as awareness building (P13 line 13), in the efficiency perspective it is seen as capacity building to enable communities (P16 line 23-24) to “move up” and appreciate the advantages of the programs being provided by the public health system (P16 line 24-25, Pg 17 line 1).

18. the results are often bogged down in cumbersome language. A tighter narrative flow would really help readers engage with the results – which deserve attention! For example, on P12 you start consecutive sentences with Given… Following this… Furthermore, given… Further…. After the first one you should remove the others because they are implicit in sentences that follow on from each other. Similarly, on P13 you use ‘perceived’ 3 times in a row. Try to minimise this.

Response: These sentences have been modified as suggested to enhance clarity.
Given the importance attributed to the reaching of pre-specified targets, a strong management information system was seen as a key component of the health system. Therefore a gap between the community and the system was defined as a gap in coverage more than anything else. It was felt that given the emphasis on reaching targets, the system would stop at nothing to achieve these targets,

The ‘Targets’ perspective held that the fact that the front-line workers were so well recognized, and that services were consumed by such a large proportion of the population, reflected the lack of a gap between the community and the system. In such a situation, external agencies were perceived as irritants. The entry of civil society organizations (NGO)s into the implementation was not welcomed. Their inclusion was seen as contributing to the break in relationship between the community and the health system.

The persons who hold this perspective held that the training of key individuals in the community would spread health messages and the importance of consuming government-provided services for health.

Discussion

The discussion makes some really great points but could be improved in terms of language/narrative flow and, in a few places, your conceptual clarity.

Are the 3 perspectives distinct? Earlier you said they were on a spectrum, so they might overlap or co-exist?

Response: As mentioned in point 16 - The study does try to present these three positions as three distinct perspectives. While the three positions seem distinct to us, the individual components like accountability, or the way a citizen is seen etc., may be viewed as being on a spectrum. Further while one person may hold or be able to identify multiple positions. In terms of what is actually implemented these are quite distinct groups of responses or design features.
21. P21 line 23 – rephrase
Response: We have modified the sentence to enhance clarity
Pg 22 lines 19 – 20 now read:
It is important to recognize the rapidly changing relationships between public services and citizens as we study accountability.

22. Throughout this section you say repeatedly that “it has been pointed out” or similar (e.g. P21 line 55 would be better if you simply removed the words “it has been pointed out that”) You don’t need to state this every time you make a point when you have a citation afterwards because it is obvious.
Response: We have modified this as suggested.
Pg 22 lines 23 to 25, Pg 23 lines 1-3 now read:
An increasing dominance of neo-liberal ways of thinking about the state has been noted [21]. This is leading to an increasing fragmentation of the production, provision, financing and governing of these services. In such circumstances the lines of accountability and the ability to ascribe responsibility are becoming increasingly complex. In such circumstances, traditional forms and notions of accountability are inadequate to the task of dealing with this complexity [21].

23. P22 line 33-35. This is a really good point but it’s a bit muddled. Try to make it more clearly.
Response: This has been modified.
Pg 23 lines 23 to 25 and Pg 24 line 1 now reads:
This illustrates the way in which historic, structural and social aspects of institutions in a particular setting play a key role in the way accountability initiatives are implemented and experienced.

24. P22 line 42-43 – remove the words “in the research” – they are redundant
Response: Corrected
Pg 24 line 11 now reads:
Given these findings, one way of interpreting...

25. P23 line 28-30 – confusing
Response: Modified to enhance clarity.
Pg 25 line 11 now reads:
This also reflects the way the community is seen in differing modes of governance.

26. P24 line 50 – is this an ontological issue? Ultimately, every perceptive is ontological, but here I wonder if political beliefs are more immediate?
Response: We merely suggest that they are likely to be reflective of deeper ontological differences. It is also our contention that even what you refer to as Political beliefs may thus also have an ontological component. Our argument is based on the thinking of Fischer and Bacchi, whom we refer to in the conceptual framework. While we have not directly identified ontological differences, we suggest that the differences we have identified may be likely due to them.

Conclusion
I’d shorten this section and try to make it more snappy. Suggest you remove the section on implementation processes to follow on from the ‘stages of implementation’ points in the Discussion it feels like a natural continuation of that discussion.
Response: Yes, we have moved section on Pg 28 lines 7 to 10 to Pg 26 lines 1 to 4. We have incorporated the last sentence of that para to the concluding sentence. This is now found on Pg 29 line 7.

27. P25 line 28-30 – remove “as discussed above”
Response: Corrected as suggested.
Pg 28 lines 7 to 9 now read:
The relationship of public systems to those they serve, especially the marginalized communities, take on particular forms in post-colonial settings.
28. You say “Thanks to” twice in sequential paragraphs on P25 – please rephrase one

Response: We have modified as suggested.

Pg 28 line 12 now reads:

changing norms of governance due to the pressure from the international financial institutions

29. P26 line 1 – can you rephrase this awkward sentence “These are invariably not sustained…” . Perhaps, “Invariably, these are not sustained…”

Response: This has been modified to enhance clarity.

Pg 28 lines 21 to 23 now read:

These are rarely sustained once the opportunity structures that enabled these ideas to come on to the policy agenda in the first place change.

30. P26 line11-14 – “implementation breakdown”. You need a reference and/or more elucidation to support this assertion.

Response: Modified to enhance clarity.

Pg 26 line 1 to 4 now reads:

Therefore, from the implementation point of view, one finds agreement on particular interventions (community-based monitoring in the case discussed) at a superficial functional level, but at the same time conflicting underlying framings, which ultimately lead to abrupt termination [20].

My apologies for the micro comments – but most of them should be easy to action and I really do feel the paper will be stronger (and much more readable) when they are dealt with. I look forward to seeing this published.

Response: Thanks very much for taking the time to engage with our paper in such detail. We feel it has certainly enhanced the readability.